

## STATE OF ARKANSAS

## APPLICATION FOR

## AMUSEMENT AND MUSIC MACHINE OPERATORS PERMIT

(Expires June 30<sup>th</sup> after date of issue)

Mail or bring with payment to:

Miscellaneous Tax Section

7<sup>th</sup> and Wolfe St. – Room 2340

P.O. Box 896

Little Rock AR 72203-0896

Phone (501) 682-7187

Fax (501) 682-1103

DFA Web Site—<http://www.state.ar.us/dfa/>**CLASS CODE 5501**

NAME

DATE: \_\_\_\_\_

DBA

Bus. Phone: \_\_\_\_\_

MAILING ADDRESS

Emer. Phone: \_\_\_\_\_

CITY

STATE

ZIP

BUSINESS LOCATION/ADDRESS

Give your current Arkansas Amusement and Music Machine Operators Permit Number \_\_\_\_\_, Check one: \$1000 ☐, \$500 ☐

1. Give your current Arkansas Sales Tax Number: \_\_\_\_\_.

2. Give your Social Security or Business Federal I.D. Number: \_\_\_\_\_.

3. Give the number of Coin Operated Amusement And Music Machines you plan to operate in the coming year: \_\_\_\_\_.

4. Check one: \_\_\_\_\_ Sole-proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation:

*If you have checked partnership or corporation, list owners/stockholders including yourself, on the reverse side of this application/notice, giving, address, phone Number and percentage of the business and/or stock each individual owns.*

5. Have your or any partner/stockholder been convicted of a felony, or convicted of any violation of the laws in this State, or the laws of the United States, or any other State? \_\_\_\_\_. If yes, give full information \_\_\_\_\_

6. A surety Bond shall be filed with the Department of Finance and Administration. The amount of the bond required is six thousand dollars (\$6,000.00).

Give the Name and Address of the Bonding Company: \_\_\_\_\_

Bond Number: \_\_\_\_\_

*I (we) agree to abide the provision of A.C.A. 26-57-401 et. seq. and to conform to all rules, State Tax Laws and Regulations Promulgated pursuant thereto.**I (we) understand that any machine found operating which does not have, for whatever reason, stamps or permit number attached, may be seized by an authorized agent of the Department of Finance and Administration-Revenue Division and may not be released until a stamp and/or penalties, all taxes due and costs of such seizure are paid!*

Enclosed herewith find \_\_\_\_\_

Cash-check-money order

Typed/Print \_\_\_\_\_

Name of Business Official to Sign

in the amount of \$ \_\_\_\_\_

Typed/Print \_\_\_\_\_

Officials Title

for a permit which will expire June 30, 2004

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, (we) do attest and understand that the responsibility and accountability for collecting and reporting State Taxes, Fines, and penalties is that which is mine (ours).

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Percent (%) of Stock/ownership held: \_\_\_\_\_

Percent (%) of Stock/ownership held: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Percent (%) of Stock/ownership held: \_\_\_\_\_

Percent (%) of Stock/ownership held: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Percent (%) of Stock/ownership held: \_\_\_\_\_

Percent (%) of Stock/ownership held: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Percent (%) of Stock/ownership held: \_\_\_\_\_

Percent (%) of Stock/ownership held: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Percent (%) of Stock/ownership held: \_\_\_\_\_

Percent (%) of Stock/ownership held: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signatere